



# ABSENTEE BALLOT APPLICATION

Date of Election \_\_\_\_\_

OFFICE USE ONLY		
Voter ID# State ID#	Ballot Style	Posting Number
Date of Birth	Precinct	
Judge's Initials		

I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote by absentee ballot.

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than midnight preceding election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14th day following election day.

I understand that this application is made for an official absentee ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official absentee ballot or ballots to be voted by me at any subsequent election.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

6. (Date) \_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_

**Absentee Voting By Mail** - Absentee Ballot Applications can be accepted beginning not more than 40 days before an election and not less than 5 days preceding the election. Ballots will be mailed beginning approximately 30 days before each election.

**Absentee Voting In Person** - Absentee Voting in person will begin approximately 30 days before an election and will end the Monday before each election. Voting will take place at the County Clerk's Office, County Office Bldg., 1504 - 3 Ave., Rock Island (1st Floor, East). Hours are 8 A.M. to 4:30 P.M. Monday - Friday.

**Revised 8/14/12**

1. PRINT - Name, Home Address and Date of Birth

2. Date of Birth

3. For Primary Use Only - Check Appropriate Box

☐ Democratic ☐ Republican ☐ Non-Partisan ☐ Voted ☐ Other

4. PRINT - Address to mail ballot, if different from home address above

5. Phone Number

## Instructions:

1. Print your name and complete Rock Island County address in the box above.  
(If application is pre-printed, verify that your name and address are correct.)
2. Print your date of birth where designated.
3. In a primary, place an "X" in the box next to which Party's ballot you want.  
(Democrat, Republican, Non-Partisan, etc.)
4. Print the complete address where you want the ballot mailed in the box above.
5. Print a phone number that you can be reached at if any questions to your application.
6. On the right, print the date and sign your name.  
(If application is pre-printed, fill in the date and sign your name.)